

INFORMATIONAL LETTER NO. 2056-MC-FFS-D

DATE: October 23, 2019

TO: All Iowa Medicaid Providers

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS), and Dental (D)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Exclusion from Participation in Federal Health Care Programs

EFFECTIVE: Upon Receipt

There are federal rules and enforcement provisions related to providers who are excluded from participation in the Medicaid program. These rules and the penalties are associated with either being or employing excluded individuals as described in the Department of Health and Human Services Office of Inspector General (HHS-OIG) document: Special Advisory Bulletin: The Effect of Exclusion From Participation in Federal Health Care Programs. This is available on [the OIG website](#)¹. Additional guidance from the Centers for Medicare and Medicaid Services (CMS) was communicated on January 16, 2009, in a State Medicaid Director Letter: [SMDL #09-001](#)².

The penalty of non-compliance is described in the HHS-OIG Bulletin. This memorandum serves as an annual reminder to all Iowa Medicaid providers of these rules and that all Medicaid providers must be in full compliance.

Providers and contracting entities are required to check the program exclusion status of individuals and entities prior to entering into employment or contractual relationships. To determine whether an individual or entity is excluded search the HHS-OIG website at: <http://exclusions.oig.hhs.gov/>. An excluded individual or an entity employing or contracting with an excluded individual that submits a claim for reimbursement to a federal health care program, or causes such a claim to be submitted, may be subject to civil money penalties and other damages for each item or service furnished during the period that the person or entity was excluded (section 1128A(a)(1)(D) of the Social Security Act).

¹ <http://oig.hhs.gov/fraud/docs/alertsandbulletins/effectuated.htm>

² <http://www.cms.hhs.gov/SMDL/downloads/SMD011609.pdf>

Providers should search the HHS-OIG website monthly to capture exclusions and reinstatements that have occurred since the last search. Claims paid by the Medicaid program for services rendered by an excluded individual or entity could be subject to repayment. Providers can search the HHS-OIG website by the name of any individual or entity. An additional listing of parties excluded from any federal payment is the Excluded Parties List System (EPLS) at <https://www.epls.gov/>. It is recommended that this listing be checked as well.

It is strongly recommended that when executing these searches, providers only enter the last name and (at most) first letter of the first name (no middle initial) so that all possible exclusion candidates will be returned for review.

Providers must gather and check all current and former names of their employees when searching the List of Excluded Individual/Entities (LEIE) and the Excluded Parties List System (EPLS).

In order to enroll, and as a condition of re-enrollment in the Iowa Medicaid program, providers must accept the Iowa Medicaid Provider Agreement ([470-2965](#)³), which includes a requirement to report any exclusion information to Iowa Medicaid within five days of knowledge of any findings.

The IME appreciates your partnership as we work together to serve the needs of the Iowa Medicaid members and protect the integrity of the Iowa Medicaid program. If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by e-mail at imeproviderservices@dhs.state.ia.us.

³ <https://dhs.iowa.gov/sites/default/files/470-2965.pdf?101820191952>